Warren Woods Veterinary Hospital
29157 Schoenherr Road
Warren, MI 48088
Telephone: 586-751-3350 Fax: 586-751-3447

SURGICAL CONSENT FORM FOR EXOTIC SURGERY

Patient: _____ Owner or Responsible Party: _____

Like you, our greatest concern is the well being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. We will also run a pre-anesthetic blood profile to maximize patient safety and to alert the doctor to the presence of dehydration, diabetes, kidney, and/or liver disease that could complicate the procedure. These conditions may not be detected without the aid of blood work. These tests are similar to those your own physician would run if you were to undergo surgery.

While your pet is under anesthesia, the AVID micro-chip, which is injected under the skin between your pet's shoulders, can be placed in your pet to help for a mean of permanent identification. This is the implantation fee. There is an additional registration fee through AVID that is completed by the owner. Please circle one:

AVID MICROCHIP-COST $42.00 **□ APPROVE □ DECLINE**

I authorize the above named surgical procedure to be performed at Warren Woods Veterinary Hospital. The nature of such service has been described to me to my satisfaction and I realize that no guarantee can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered. While your pet is resting comfortably during the night, there will not be any medical supervision. If your pet needs 24-hour care, your doctor will discuss treatment options with you. **I have provided proof that my pet has been vaccinated against rabies or I authorize Warren Woods Veterinary Hospital to vaccinate my pet for rabies.**

Signature_____ Date_____
Phone number(s) where you can be reached today: _____
Cell:_____
Is there anything else we should know about your pet? _____
Is your pet on any medications? _____

If you will not be picking up your pet, please state here who you give authorization to pick them up:
_____

Rev. 1/19 Exotic Surgery

[Type text]

□ Scanned into Avimark (date/initials) _____